

## Intake for Domestic Violence Providers

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### Basic Client Information

First Name:\* \_\_\_\_\_  
Last Name:\* \_\_\_\_\_  
Middle Name: \_\_\_\_\_  
Suffix: \_\_\_\_\_  
Social Security Number:\*  
☐ \_\_\_\_\_  
☐ Don't Know or Don't Have  
☐ Refused

### Basic Client Demographics

Birthdate:\*  
☐ \_\_\_\_\_  
☐ Full DOB Reported  
☐ Approximate or Partial DOB Reported  
☐ Don't Know  
☐ Refused

Client Age \_\_\_\_\_

### Ethnicity:\*

- ☐ Hispanic/Latino
- ☐ Non-Hispanic/Latino
- ☐ Don't Know
- ☐ Refused

### Race:\*

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Don't Know
- ☐ Refused

### Gender:\*

- ☐ Male ☐ Don't Know
- ☐ Female ☐ Refused
- ☐ Transgendered Male to Female
- ☐ Transgendered Female to Male
- ☐ Other

### Marital Status:

- ☐ Single
- ☐ Divorced
- ☐ Married & Living with Spouse
- ☐ Married and Not Living with Spouse
- ☐ Common Law
- ☐ Living Together
- ☐ Widowed
- ☐ Civil Union

### Citizenship:

- ☐ U.S. Citizen
- ☐ Eligible Non-Citizen
- ☐ Ineligible Non-Citizen

### Primary Language:

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> English   | <input type="checkbox"/> Mien                   |
| <input type="checkbox"/> Spanish   | <input type="checkbox"/> Other Chinese Language |
| <input type="checkbox"/> French    | <input type="checkbox"/> Cambodian              |
| <input type="checkbox"/> German    | <input type="checkbox"/> Hmong                  |
| <input type="checkbox"/> Italian   | <input type="checkbox"/> Lao                    |
| <input type="checkbox"/> Polish    | <input type="checkbox"/> Thai                   |
| <input type="checkbox"/> Portugese | <input type="checkbox"/> Vietnamese             |
| <input type="checkbox"/> Russian   | <input type="checkbox"/> Tagalog                |
| <input type="checkbox"/> Arabic    | <input type="checkbox"/> Ilacano                |
| <input type="checkbox"/> Armenian  | <input type="checkbox"/> Japanese               |
| <input type="checkbox"/> Farsii    | <input type="checkbox"/> Korean                 |
| <input type="checkbox"/> Hebrew    | <input type="checkbox"/> Samoan                 |
| <input type="checkbox"/> Turkish   | <input type="checkbox"/> American Sign Language |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Other Sign Language    |
| <input type="checkbox"/> Mandarin  | <input type="checkbox"/> Other-Non English      |

### Family Information

#### Relationship to Head of Household:\*

- |  |  |
|--|--|
| <input type="checkbox"/> Self            | <input type="checkbox"/> Spouse                  |
| <input type="checkbox"/> Parent          | <input type="checkbox"/> Foster Child            |
| <input type="checkbox"/> Son             | <input type="checkbox"/> Grandchild              |
| <input type="checkbox"/> Daughter        | <input type="checkbox"/> Other Family Member     |
| <input type="checkbox"/> Dependent Child | <input type="checkbox"/> Other Non-Family Member |
| <input type="checkbox"/> Grandparent     | <input type="checkbox"/> Other Caretaker         |
| <input type="checkbox"/> Guardian        |  |

#### Contact Information:

Address: \_\_\_\_\_

Address 2: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### Household Type: \* (Use additional Intake Forms for other household members)

- ☐ Single Person  
☐ Two Parent Household  
☐ Single Parent/Female  
☐ Single Parent/Male  
☐ Two Adult/No Children  
☐ Unknown  
☐ Other

### HUD Program Enrollment

Enrollment Date: \* \_\_\_\_\_

HUD Grant: \* \_\_\_\_\_

Program: \* \_\_\_\_\_

Case Manager: \_\_\_\_\_

### Universal Data Assessment

Assessment Date: \* \_\_\_\_\_

Program: \* \_\_\_\_\_

#### Assessment Type: \*

- |                                |  |
|--------------------------------|--|
| <input type="checkbox"/> Entry | <input type="checkbox"/> During Program Enrollment |
| <input type="checkbox"/> Exit  | <input type="checkbox"/> Followup                  |
| <input type="checkbox"/> Other |  |

#### Veteran Status: \*

- |                                     |                                  |
|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Yes        | <input type="checkbox"/> No      |
| <input type="checkbox"/> Don't Know | <input type="checkbox"/> Refused |

#### Military Branch: \*

- |                                    |                                      |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Army      | <input type="checkbox"/> Coast Guard |
| <input type="checkbox"/> Air Force | <input type="checkbox"/> Other       |
| <input type="checkbox"/> Navy      | <input type="checkbox"/> Don't Know  |
| <input type="checkbox"/> Marines   | <input type="checkbox"/> Refused     |

#### Service Era:

- ☐ Post September 11, 2012 (September 11 – Present)  
☐ Persian Gulf Era (August 1991-September 10, 2001)  
☐ Post Vietnam (May 1975-July 1991)  
☐ Vietnam Era (August 1964-April 1975)  
☐ Between Korean and Vietnam Wars (February 1955-July 1964)  
☐ Korean War (June 1950-January 1955)  
☐ Between WWII and Korean War (August 1947-May 1950)  
☐ WWII (September 1940-July 1947)  
☐ Between WWI and WWII (December 1918-1940)  
☐ WWI (April 1917-November 1918)  
☐ Don't Know  
☐ Refused

Duration of Active Duty Months: \_\_\_\_\_

#### Discharge Status:

- |                                       |                                     |
|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Honorable    | <input type="checkbox"/> Active     |
| <input type="checkbox"/> General      | <input type="checkbox"/> Other      |
| <input type="checkbox"/> Medical      | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Bad Conduct  | <input type="checkbox"/> Refused    |
| <input type="checkbox"/> Dishonorable |                                     |

#### Served War Zone:

- |                                     |                                  |
|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Yes        | <input type="checkbox"/> No      |
| <input type="checkbox"/> Don't Know | <input type="checkbox"/> Refused |

#### Disabling Condition: \*

- |                                     |                                  |
|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Yes        | <input type="checkbox"/> No      |
| <input type="checkbox"/> Don't Know | <input type="checkbox"/> Refused |

Residence Prior to Program Entry:\*

- ☐ Emergency Shelter
- ☐ Transitional Housing for Homeless Persons (Including Homeless Youth)
- ☐ Permanent Housing for Formerly Homeless Persons
- ☐ Psychiatric Hospital or Other Psychiatric Facility
- ☐ Substance Abuse Treatment Facility or Detox Center
- ☐ Hospital (non-psychiatric)
- ☐ Jail, Prison, or Juvenile Detention Center
- ☐ Staying or living in a family member's room, apartment or house
- ☐ Staying or living in a friends' room, apartment or house
- ☐ Hotel or motel paid for without emergency shelter voucher
- ☐ Foster care home or foster care group home
- ☐ Place not meant for habitation
- ☐ Safe Haven
- ☐ Rental by client, with VASH housing subsidy
- ☐ Rental by client, with other (non-VASH) ongoing housing subsidy
- ☐ Owned by client, with ongoing housing subsidy
- ☐ Rental by client, with no ongoing housing subsidy
- ☐ Owned by client, no ongoing housing subsidy
- ☐ Other \_\_\_\_\_
- ☐ Don't Know
- ☐ Refused

Length of Stay:\*

- ☐ One week or less
- ☐ More than one week, but less than one month
- ☐ One to three months
- ☐ More than three months, but less than one year
- ☐ One year or longer
- ☐ Don't Know
- ☐ Refused

Prior Zip Code

Prior Zip Code: \_\_\_\_\_

City/State: \_\_\_\_\_

Prior Zip Code Quality:\*

- ☐ Full Zip Code Recorded
- ☐ Don't Know
- ☐ Refused

Housing Status\*

- ☐ Literally homeless
- ☐ Unstably housed and at risk of losing their housing
- ☐ Imminently losing their housing
- ☐ Stably Housed – Rent
- ☐ Stably Housed – Own
- ☐ Don't Know
- ☐ Refused
- ☐ Other

Continuously Homeless for a Year or More: ☐

4 Episodes of Homelessness in the Past 3 Years: ☐

Barriers\*

- ☐ Alcohol Abuse
- ☐ Chronic Health Condition
- ☐ Developmental Disability
- ☐ Drug Abuse
- ☐ HIV/AIDS
- ☐ Mental Health
- ☐ Physical Disability

Date Identified

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Receiving Services

- ☐ Yes ☐ No
- ☐ Yes ☐ No
- ☐ Yes ☐ No
- ☐ Yes ☐ No
- ☐ Yes ☐ No
- ☐ Yes ☐ No
- ☐ Yes ☐ No

Condition Id'd

- ☐ Yes ☐ No
- ☐ Yes ☐ No
- ☐ Yes ☐ No
- ☐ Yes ☐ No
- ☐ Yes ☐ No
- ☐ Yes ☐ No
- ☐ Yes ☐ No

No Barriers: ☐ Yes ☐ No

### Domestic Violence Assessment of Victim

Is client a victim of domestic violence:\*

- ☐ Yes    ☐ No    ☐ Don't Know    ☐ Refused

When Experience Occurred:\*

- ☐ Within the past three months    ☐ Don't Know  
☐ Three to six months ago    ☐ Refused  
☐ For six to twelve months ago  
☐ More than a year ago

Victimization Date:\*

Interviewer:\_\_\_\_\_

Assessment Description:\_\_\_\_\_

\_\_\_\_\_

Interview Type:    ☐ In-Person    ☐ Phone Call Only

- ☐ Physical  
☐ Sexual  
☐ Psychological

Weapon Used:

- ☐ Knife    ☐ Other  
☐ Gun    ☐ Unknown

Associated with DV – Alcohol:

- ☐ Yes by Abuser    ☐ Yes by Both  
☐ Yes by Victim    ☐ No

Associated with DV – Drugs:

- ☐ Yes by Abuser    ☐ Yes by Both  
☐ Yes by Victim    ☐ No

Length of Violent Relationship:

- ☐ Under 1 Year    ☐ 11-20 Years  
☐ 1-5 Years    ☐ Over 20 Years  
☐ 6-10 Years    ☐ Unknown

Sexual Assault Type:

- ☐ Adult Sexual Assault  
☐ Adult Molested As Child  
☐ Child Sex Abuse  
☐ Rape  
☐ Attempted Rape  
☐ Other Sexual Contact

Sexual Assault Location:

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Victim's Home    | <input type="checkbox"/> Victim's and |
| <input type="checkbox"/> Assailant's Car  | Assailant's Home                      |
| <input type="checkbox"/> Outside          | <input type="checkbox"/> Workplace    |
| <input type="checkbox"/> Assailant's Home | <input type="checkbox"/> Institution  |
| <input type="checkbox"/> College Campus   | <input type="checkbox"/> Other        |
| <input type="checkbox"/> Friend's Home    | <input type="checkbox"/> Unknown      |

Length Before Contact:

- |  |  |
|--|--|
| <input type="checkbox"/> Same Day          | <input type="checkbox"/> 1-5 Years     |
| <input type="checkbox"/> 1 Day             | <input type="checkbox"/> 6-10 Years    |
| <input type="checkbox"/> 3-6 Days          | <input type="checkbox"/> 11-15 Years   |
| <input type="checkbox"/> 1 Week to 1 Month | <input type="checkbox"/> Over 15 Years |
| <input type="checkbox"/> 2-6 Months        | <input type="checkbox"/> Unknown       |
| <input type="checkbox"/> 7-11 Months       |  |

Survivor of Incest ☐

Other Child Sexual Abuse ☐

### **Other Information and Offender Relationship to Victim**

- ☐ Child Abuse (960s)  
☐ Physical Abuse  
☐ Psychological Abuse  
☐ Child Witnessed Abuse  
☐ Abuse Through Neglect  
☐ Other Type of Abuse
- |   |
|---|
| <input type="checkbox"/> Terrorizing              |
| <input type="checkbox"/> DUI/DWI Crash            |
| <input type="checkbox"/> Elderly Abuse            |
| <input type="checkbox"/> Stalking, Robbery        |
| <input type="checkbox"/> Non-DV Assault           |
| <input type="checkbox"/> Harassment               |
| <input type="checkbox"/> Disorderly Conduct       |
| <input type="checkbox"/> Survivor of Homicide     |
| <input type="checkbox"/> Violation of Court Order |
| <input type="checkbox"/> Other _____              |

Relationship to Victim:

- |  |   |
|--|---|
| <input type="checkbox"/> Parent              | <input type="checkbox"/> Spouse           |
| <input type="checkbox"/> Grandparent         | <input type="checkbox"/> Intimate Partner |
| <input type="checkbox"/> Guardian            | <input type="checkbox"/> Sibling          |
| <input type="checkbox"/> Other Family Member | <input type="checkbox"/> Acquaintance     |
| <input type="checkbox"/> Other Non-Family    | <input type="checkbox"/> Stranger         |
| <input type="checkbox"/> Other Caretaker     |   |

### Legal/Crime Information

Law Enforcement Called:

- ☐ Yes    ☐ No  
☐ No    ☐ Yes – but didn't respond  
☐ Unknown

Abuser Arrested:

- ☐ Yes  
☐ No  
☐ Unknown

Incident Report Filed:

- ☐ Yes  
☐ No  
☐ Unknown

Signer of Report:

- ☐ Victim                      ☐ Other  
☐ Law Enforcement      ☐ Unknown

Criminal Complaint Filed ☐

Went to Court ☐

Convicted ☐

Civil Resolution ☐

No Legal Resolution ☐

### Financial Assessment

Cash Income:\*

- ☐ Earned Income \$ \_\_\_\_\_  
☐ Unemployment Insurance \$ \_\_\_\_\_  
☐ Supplemental Security Income \$ \_\_\_\_\_  
☐ Social Security Disability Income \$ \_\_\_\_\_  
☐ Veteran's Disability Payment \$ \_\_\_\_\_  
☐ Private Disability Insurance \$ \_\_\_\_\_  
☐ Worker's Compensation \$ \_\_\_\_\_  
☐ TANF \$ \_\_\_\_\_  
☐ General Assistance \$ \_\_\_\_\_  
☐ Retirement (Social Security) \$ \_\_\_\_\_  
☐ Veteran's Pension \$ \_\_\_\_\_  
☐ Other Pension \$ \_\_\_\_\_  
☐ Child Support \$ \_\_\_\_\_  
☐ Other Income \$ \_\_\_\_\_

### Financial Assessment Cont:

Non Cash Benefits:\*

- ☐ Food Stamps/Money for Food on Card  
\$ \_\_\_\_\_  
☐ MEDICAID  
☐ MEDICARE  
☐ State Children's Health Insurance Program  
☐ Special Supplemental Nutrition Program (WIC)  
☐ Veteran's Administration Medical Services  
☐ TANF Child Care Services  
☐ TANF Transportation Services  
☐ Other TANF-Funded Services  
☐ Section 8, Public Housing, Other Rental Asst.  
☐ Other Source  
☐ Temporary Rental Assistance

### Employment Assessment

Employed:\*

- ☐ Yes                      ☐ No  
☐ Don't Know      ☐ Refused

Hours Worked In Last Week: \_\_\_\_\_

Employment Tenure:

- ☐ Permanent      ☐ Don't Know  
☐ Temporary      ☐ Refused  
☐ Seasonal

Looking for Additional Employment/Increased Hours:

- ☐ Yes                      ☐ No  
☐ Don't Know      ☐ Refused

### Adult Education Assessment

Currently in School/Working on Degree:\*

- ☐ Yes                      ☐ No  
☐ Don't Know      ☐ Refused

Received Vocational Training/Apprenticeship:\*

- ☐ Yes                      ☐ No  
☐ Don't Know      ☐ Refused

### Adult Education Assessment Cont:

Highest Grade Completed:\*

- ☐ No School Completed
- ☐ Nursery School to 4<sup>th</sup> Grade
- ☐ 5<sup>th</sup> Grade or 6<sup>th</sup> Grade
- ☐ 7<sup>th</sup> Grade or 8<sup>th</sup> Grade
- ☐ 9<sup>th</sup> Grade
- ☐ 10<sup>th</sup> Grade
- ☐ 11<sup>th</sup> Grade
- ☐ 12 Grade, No Diploma
- ☐ High School Diploma
- ☐ GED
- ☐ Post-Secondary School
- ☐ Don't Know
- ☐ Refused

Secondary Education:\*

- ☐ None ☐ Refused
- ☐ Associates Degree ☐ Don't Know
- ☐ Bachelors
- ☐ Masters
- ☐ Doctorate
- ☐ Other Graduate/Professional Degree
- ☐ Certificate of Advanced Training or Skilled Artisan

### Health Assessment

General Health Status

- ☐ Excellent ☐ Poor
- ☐ Very Good ☐ Don't Know
- ☐ Good ☐ Refused
- ☐ Fair

Pregnancy Status

- ☐ Yes ☐ No
- ☐ Don't Know ☐ Refused

Pregnancy Due Date: \_\_\_\_\_

### Legal Assessment

Assessment Description: \_\_\_\_\_

Are you currently involved in any of the following legal situations?

- ☐ Divorce
- ☐ Eviction
- ☐ Bill Collector
- ☐ Pending Criminal Charges
  - o Description: \_\_\_\_\_

### Legal Assessment Cont:

- ☐ Order of Protection
- ☐ Probation/Parole
- ☐ Custody Issues
- ☐ Child or Spousal Support
- ☐ Warrant for Arrest
- ☐ CPS Involvement
- ☐ Other: \_\_\_\_\_

Do you currently have legal representation? ☐

How many days, past 30 days, experiencing legal representation? \_\_\_\_\_

Legal Description Notes: \_\_\_\_\_

### Transportation Assessment

Primary Transit Means:\*

- ☐ Own vehicle ☐ Bus
- ☐ Ride from friends/family ☐
- VanTran
- ☐ Bicycle ☐ Walk
- ☐ Other: \_\_\_\_\_

Vehicle Ownership:

- ☐ Own
- ☐ Leased
- ☐ Borrowed

Vehicle Make: \_\_\_\_\_

Vehicle Model: \_\_\_\_\_

Vehicle Year: \_\_\_\_\_

Vehicle Description: \_\_\_\_\_

Vehicle Condition:

- ☐ Good running condition
- ☐ In Need of Repair
- ☐ Impounded

Vehicle Condition Description: \_\_\_\_\_

Registered State: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Insurance Renewal Date: \_\_\_\_\_

License Number: \_\_\_\_\_

License Expiration Date: \_\_\_\_\_